

MANCON PANEL

All on-the-job injuries or other accidents **MUST** be reported **IMMEDIATELY** to a MANCON SUPERVISOR or MANAGER and an accident report **MUST** be filled out.

MANCON requires drug screens when injuries, illnesses, or incidents occur in or as a result of the workplace. The following Drug Screen Location is provided for your reference to obtain the screen.

Drug Screen Location

Site Name	
Site Full Address	
Site Phone Number	
Site Fax Number	
Site Contact Person	
Drug Screen Hours	

Medical Treatment Location

If you received a Physician Panel in the packet of Workers Compensation Information, please review that panel for information regarding where you must seek treatment for this claim. If you did not receive a panel in your packet, you may choose your medical provider in accordance with the applicable state regulations.

Site Name	
Site Full Address	
Site Phone Number	
Site Fax Number	
Site Contact Person	
Medical Attn Hours	

I have selected the above identified facility to administer medical treatment for my potential worker's compensation claim.

I have chosen not to seek medical treatment for my workplace injury. I understand that if I feel the need to seek medical treatment for this incident at a later time, I may do so by visiting one of the above approved medical facilities. It is my responsibility to inform MANCON Corporate – Worker's Comp – at (757) 457-9312 if/when I seek medical treatment.

I do not want to claim an injury at this time.

Signature

Date

**FORWARD COPY WITHIN 24 HOURS OF INCIDENT TO MANCON® CORPORATE OFFICE
HUMAN RESOURCES ATTN: LAURA SIPES – FAX 757-457-9345 or EMAIL LSIPES@MANCONINC.COM**